



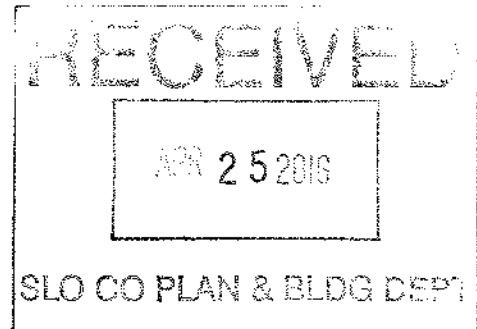
CAL FIRE
San Luis Obispo
County Fire Department

635 N. Santa Rosa • San Luis Obispo, CA 93405
Phone: 805.543.4244 • Fax: 805.543.4248
www.calfireslo.org

Scott M. Jalbert, Unit Chief

April 25, 2016

San Luis Obispo County
Department of Planning & Building
County Government Center
San Luis Obispo, CA. 93408



Subject: *Bunyea Updated Project Description* – SUB2015-00012
Revision to existing Fire Safety Plan

Mr. Caruso,

CAL FIRE/San Luis Obispo County Fire Department has reviewed the information contained within the *Updated Project Description* (Kirk Consulting-November 2015) for the proposed two lot residential subdivision located at 3393 Adobe Canyon Road near Atascadero, CA.

As part of the *Updated Project Description*, the building envelope for Parcel #1 has been moved to where it is directly adjacent to Adobe Canyon Road. This change to the building envelope, serves to appropriately address the concerns raised within the Fire Safety Plan dated 10/26/15. Response time, dead-end road concerns and required improvements to Adobe Canyon Road are no longer concerns relative to the proposed parcel split and this department finds that all relative standards have been met as proposed.

Please feel free to contact me at (805)543-4244, extension 3425 should you have additional questions and/or concerns regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Clinton A. Bullard".

Clinton A. Bullard

Fire Inspector

C: Kirk Consulting, Agent



ATTACHMENT 3
COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer



Public Health
Prevent. Promote. Protect.

August 20, 2015

Kirk Consulting
8830 Morro Rd.
Atascadero, CA 93422

ATTN: SARAH STATON
RE: TENTATIVE MAP CO 15-0027 BUNYEA
APN 034-441-021

Water Supply

This office is in receipt of satisfactory **preliminary** evidence of water in the form of a Well Completion Report (Number 069506). Please be advised that additional water well documentation will be required for **each** lot less than 60 acres prior to approving the map for recordation. Adequate documentation will include, the well completion report for the well serving the parcel, current well capacity (pump test) and current water quality testing ("current" is information not more than 5 years old). Be advised that the pump tests for shared wells are a minimum of 12 hours. Transmission lines for shared wells will need to be located in approved easements and shall be installed prior to recordation or a bond may be posted with Public Works. Please contact this office for details regarding required testing before initiating work.

Wastewater Disposal

Individual wastewater disposal systems are considered an acceptable method of disposal, provided County and State installation requirements can be met. This office is responsible for certifying that field investigations show that ground slopes and soil conditions will allow for satisfactory disposal by on-site septic systems. Be advised that all septic system leach fields (and expansion areas) shall be installed at a minimum of 100 feet away from any domestic water wells or watercourse, 200 feet away from reservoir, shall be located in areas free from bedrock, and shall not be placed on natural slopes that exceed 30%. Should a wastewater disposal system be installed in an area with greater than 20% slope it must be designed and the installation certified by a registered civil engineer. The exhibit provided for preliminary approval reveals that proposed parcels 1 and 2 have existing development. Please provide information on any septic system(s) located on these parcels and documentation of any maintenance or problems that have occurred prior to hearing.

CO 15-0027 is approved for Environmental Health subdivision map processing.

LESLIE A. TERRY, R.E.H.S.
Environmental Health Specialist
Land Use Section

c: North County Team, County Planning

DUPLICATE
Driller's Copy

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. 069506

Notice of Intent No. _____

Local Permit No. or Date _____

State Well No. _____

Other Well No. _____

(1) OWNER: Name **Klaus Heilman**Address **P.O. Box 640**City **Atascadero, CA. 93422**

(2) LOCATION OF WELL (See instructions):

County **SLO** Owner's Well Number **5**Well address if different from above **Lot #97**Township **28S** Range **12E** Section **14**

Distance from cities, roads, railroads, fences, etc.

Templeton Rd. by River Bridge & Home Place(12) WELL LOG: Total depth **203** ft. Depth of completed well **200** ft.

from ft. to ft. Formation (Describe by color, character, size or material)

0 - **11** **Adobe & Shale****11** - **30** **Shale****30** - **50** **Shale & Sandstone****50** - **203** **Shale**

(3) TYPE OF WORK:

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☒Irrigation ☐Industrial ☐Test Well ☐Stock ☐Municipal ☐Other ☐

WELL LOCATION SKETCH

5) EQUIPMENT:

Rotary ☒ Reverse ☐Table ☐ Air ☐Other ☐ Bucket ☐

(6) GRAVEL PACK:

Yes ☒ No ☐ Size **10/20**Diameter of bore **9 7/8"**Packed from **20** to **200** ft.

7) CASING INSTALLED:

Steel ☐ Plastic ☒ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	200	5	.214	0	140	Blank
				140	200	Perf.

9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth **20** ft.Were strata sealed against pollution? Yes ☐ No ☐ Interval _____ ft.Method of sealing **Cement**

10) WATER LEVELS:

Depth of first water, if known **140** ft.Standing level after well completion **145** ft.11) WELL TESTS: **Bail Test: 20 gpm at 160'**Was well test made? Yes ☐ No ☐ If yes, by whom?Type of test **Pump** ☐ **Bailer** ☐ **Air Lift** ☐

Depth to water at start of test _____ ft. At end of test _____ ft.

Discharge _____ gal/min after _____ hours Water temperature _____

Chemical analysis made? Yes ☐ No ☐ If yes, by whom?Was electric log made? Yes ☐ No ☐ If yes, attach copy to this report.Work started **8/11/80** 19____ Completed **8/11/80** 19____

WELL DRILLERS STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED _____

(Well Driller)

NAME **Miller Drilling Co.**

(Person, firm, or corporation) (Typed or printed)

Address **501 No. Main St.**City **Templeton, CA. 93465**License No. **324634**Date of this report **8/12/80**

WR 188 (REV. 7-76)

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

NOTE: Any person removing the cap from this well other than Miller Drilling Co. or authorized contractor approved by us will void all structural warranties.